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ABSTRACT

Abstracts of current publications in the fields of population and family planning are presented in this pamphlet. Topical areas include: demography and social science, human reproduction and fertility control, family planning programs, population policy, and general publications. Research studies, monthly reports, journal articles, and general literature are reported. (BL)

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Current Publications in Population/Family Planning

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Number 20 *June 1972*

Demography and Social Science

Livi-Bacci, Massimo. *A Century of Portuguese Fertility*. Princeton, N. J.: Office of Population Research, Princeton University, 1971. 149 pp. $8.50. 20-1

The first in a projected series of detailed national studies on the decline of European fertility from 1864, the date of the first modern Portuguese census, to 1960. Measures of marital pattern and fertility (Coale indexes) for each province are related to measures of social and economic development (literacy, urbanization) over time and area. The influence of regional differences in religion and family structure on fertility is also discussed. The study reveals a surprisingly low fertility level before the start of the modern decline together with a clear north-south differential. The decline of national fertility is associated with trends in modernization, but regional differences bear a more complicated relation to these factors (standard of living, literacy, and urbanization) and is explicable largely in terms of cultural and religious factors, particularly adherence to traditional Catholicism.

Bardis, Panos D. "Modernization and birth control: An international survey of attitudes toward oral contraception." *International Journal of Sociology of the Family* 1, no. 1 (March 1971): 21–35. 20-2

A pill scale and two stratified samples of American and Korean university students are used to test the hypothesis that "the modernization of a given nation is accompanied by increasingly liberal attitudes toward birth control." The section on the Korean family system discusses historical and present characteristics as well as development, nature, and effects of family planning programs. The data, secured through interviews involving the pill scale and a personal data questionnaire, are analyzed by statistical tests. The findings support the hypothesis and lead to the following conclusions: (1) cross-cultural investigations are useful in determining the degree of modernization; (2) the Korean respondents, concerned with overpopulation, are very interested in scientific studies of birth control; (3) Korean females are significantly more conservative than males whereas pill scores of American males and females differ insignificantly; (4) Korean students of agriculture tend to be highly liberal; (5) gainful employment among American mothers does not affect their college children's attitudes toward oral contraception; (6) an insignificant relationship exists in both countries between the subject's attitude toward the pill and the following factors: age, number of siblings, birth order, parents' education, and father's occupation; (7) in the United States the respondent's education does liberalize his attitude toward birth control whereas in Korea it does not; (8) religious training is inversely proportional to attitudes toward the pill among American students; (9) American parents are significantly more conservative regarding the pill than their college children; (10) family size and maternal educational level in Korea are significantly and inversely proportional. (Adapted from author's abstract.)

Buckhout, Robert. "Toward a two-child norm: Changing family planning attitudes." *The American Psychologist* 27, no. 1 (January 1972): 16–26. 20-3

Results of an attitude survey of 267 unmarried undergraduate students at the California State College at Hayward conducted in summer 1970 reveal an encouraging downward shift in the number of children desired, with only 41 percent of the sample desiring three or more children, down from 65 percent in a 1969 survey of 1,000 students at Cornell. The ideal number of children desired was 2.6. This compares favorably with the 3.0–3.3 figure consistently found in family size preference surveys of married women since 1936. The probability of using some form of artificial birth control was high, but the probabilities related to abortion and voluntary sterilization were generally low. The probability of adoption was high only if conception of natural children was impossible. There was general agreement that the population problem was a serious one, with government control of population through education and incentives favored over coercion. Legalized abortion and mandatory sterilization ranked low as means of curbing population.

The main sample was stratified by race according to the population distribution in California. The result was a sample in which 80.9 percent were white, 9.1 percent black, 5.3 percent Spanish surname (Chicano), 3.0 percent Oriental, and 1.5 percent native American. Expanded subsamples of Chicano and black students revealed significant differences from the main sample in ideal number of children desired (4.0 and 4.1 respectively), in their lower perception of the population problem as a serious one, and in their generally hostile reaction to the idea of population control.

FOR THE READER . . .

We mail articles abstracted here on request. See the announcement on page 4.

Chaudhury, R. H. "Differential fertility by religious group in East Pakistan." *Social Biology* 18, no. 2 (June 1971): 188–191. 20-4

Mean child-woman ratios for ever-married women, by religious group (Muslims, Caste Hindus, and Schedule Caste Hindus), in 17 districts in East Pakistan showed a statistically significant difference between the Schedule Caste Hindus (2.59) and Muslims (2.89). Caste Hindus had a fertility of 2.82. The relatively small difference between the fertility of Muslims and Caste Hindus is attributed to the "disproportionate number of currently married women in the age group 20–39 between Muslims and Caste Hindus." The findings of the study show that fertility behavior of the Muslims has not changed in recent years. (This abstract replaces No. 18-1 in the February issue of *Current Publications*.)

Horoszowski, Pawel. "Woman's status in socialistic and capitalistic countries." *International Journal of Sociology of the Family* 1, no. 1 (March 1971): 35–51. 20-5

A study of statistical data to determine if there is a substantial difference in the women's situation in socialistic and capitalistic countries. Population by sex and age, marital status, maternity, and female-male education in socialistic and capitalistic countries are discussed in part one, whereas part two compares in detail female and male professional activity. Crime and suicide rates by sex are also given. In conclusion, "Available statistical data do not deliver evidence that women's situation in capitalistic and socialistic countries is substantially different." One can further conclude that in both socialistic and capitalistic countries women's liberation is still far from being a social reality. (Adapted from author's abstract.)

Muller, Charlotte. "Socioeconomic outcomes of restricted access to abortion." *American Journal of Public Health* 61, no. 6 (June 1971): 1110–1118. 20-6

The problems of access to abortion have shifted from legal to logistical, with unequal access to knowledge of sources and unequal access to suppliers for economic, social class, and geographical reasons. The economic potential of many people is significantly influenced by size and spacing of family, and the negative effects of limited access are found more frequently among the poor. The presence of unplanned children in the poverty family reduces food, goods, and services per capita; the incidence of impaired development, parental neglect, and extrusion of children from the family is increased.

Choice of family size through various

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methods including abortion must, at least for the present, seek wider use on its own merits, and personal freedom, equal access to care, and medical protection for the poor are all involved. Future research design should reveal financial needs, effects of nonhospital service programs, use of manpower and space facilities, continuing surveillance of prepayment coverage and gaps, and training to overcome manpower shortages.

Orleans, Leo A. "China: Population in the People's Republic." *Population Bulletin* 27, no. 6 (December 1971): 5–37. 20-7

Although much uncertainty still exists about the size and growth rate of China's population, the 1970 population according to the author's estimate was 753 million with a growth rate of 1.5 percent annually. Rural to urban migration is discouraged and at least 80 percent of the population still live in rural areas. Over the past 20 years the regime's attitude toward family planning has fluctuated, but in recent years the family planning program has had strong support at high levels of government. Contraceptives are readily available and fertility control is apparently widely practiced. Health and general living conditions have improved dramatically in both urban and rural areas. Consequently, the crude death rate is estimated to have declined from just under 35 per 1,000 per year in the late 1940s to about 17 today. The crude birth rate is believed to have declined from about 43 to 32 during the same period.

Population Problems Research Council. *Summary of the Tenth National Survey on Family Planning.* Tokyo: Mainichi Newspapers, Series No. 21, May 1971. 66 pp. 20-8

A discussion of changing public attitudes in Japan on parent-child relationships, family size, changing experience in the use of contraceptive methods, and abortion. Data obtained in previous surveys conducted in various years over the past decade are compared with the data from the tenth survey carried out in 1969. The survey was made by the Population Problems Research Council in cooperation with the Public Opinion Survey Division of the Mainichi Newspapers.

Price, Daniel O. "Rural to urban migration of Mexican Americans, Negroes and Anglos." *International Migration Review* 5, no. 3 (Fall 1971): 281–291. 20-9

A sample of Mexican and Negro migrants from selected rural southern counties to cities had higher average incomes than did nonmigrants, even before the move took place. On the other hand, Anglos who migrated tended to come from somewhat lower income groups than did those who remained in the rural counties.

Once they arrived in the city, the urban migrants had higher average incomes than did rural nonmigrants remaining in the selected counties, within each of the three groups. Individual median annual income for male Negro rural nonmigrants was $1,609; for urban migrants, it was $5,447. Comparable median incomes for Anglos were $4,200 and $6,778, respectively. For rural Mexican Americans the median individual income was $2,500; for urban migrants it was $4,167 or more, depending on the city to which they migrated. Percentages unemployed in the urban areas at the time of interview were less than two for Anglos, seven for Negroes, and 20 for Mexican Americans.

Mexican Americans and Anglos were more likely to migrate as a family unit; Negroes tended to move alone or in twos.

Large majorities of all three groups felt they were financially better off and happier in the city. One-fourth or more of the Negroes and Mexican Americans stated they would never return to their rural area of origin under any condition; 14 percent of the Anglos took such a position.

Radel, David, guest ed. *Population and Family Planning in Rural Africa.* Rural Africana, no. 14. East Lansing, Michigan: African Studies Center, Michigan State University, Spring 1971. 185 pp. 20-10

This special issue focuses on the involvement of the social sciences in the study of population, policy formulation, and family planning in sub-Saharan Africa. Radel presents the problems of rapid population growth, an overview of the population policies and programs, and information on current and needed social science research in fertility and family planning in Africa. Also included are an important article outlining 64 current projects in population and family planning research and a 600-item bibliography covering the period 1965–1971.

Rosenwaike, Ira. "Factors associated with religious and civil marriages." *Demography* 9, no. 1 (February 1972): 129–141. 20-11

Religious preference and educational level account for most variation in age at marriage among Americans. Differences by educational attainment have been definitively documented in census reports, while those by religion have been based largely on experience in the two states (Iowa and Indiana) where religion is on the marriage certificate. This study of kind of ceremony as reported on marriage certificates indicates that this item, for some purposes, can serve fairly adequately as a substitute for specific religious information. Maryland residents involved in Jewish and Catholic weddings marry later than those in Protestant ceremonies. These findings agree closely with a national probability sample that ascertained religious preference and age at marriage. (Adapted from author's abstract.)

Uhlenberg, Peter. "Demographic correlates of group achievement: Contrasting patterns of Mexican-Americans and Japanese-Americans." *Demography* 9, no. 1 (February 1972) 119–128. 20-12

Patterns of family size, family stability, and timing of family formation are contrasted, and consequences of demographic differences for group achievement are explored. Mexican-Americans are found to have a demographic system marked by early ages at marriage, early ages at beginning of childbearing, high rates of reproduction, and high rates of marital instability. Japanese-Americans display just the opposite pattern of behavior on each of these variables. Using existing research on determinants of individual achievement, reasons are then suggested why the demographic environment encountered by Japanese-American youth is more conducive to educational and economic achievement than is that encountered by Mexican-American youth. (Adapted from author's abstract.)

World Health Organization. *The Development of Studies in Health Manpower.* Report of a WHO Scientific Group, Technical Report Series no. 481. Geneva: WHO, 1971. 56 pp. 20-13

An appraisal of various approaches to estimating health manpower requirements used in selected studies. The report reviews the existing methodology of health manpower planning with the purpose of developing guidelines for the future and discusses the planning process in terms of analysis of the national situation and selection of a study design. It contains a list of recommendations "concerned with the future role of WHO and with the need for health manpower planning study units, for the training of skilled personnel to undertake studies, and for the clarification of the concepts and methods to be used."

Family Planning Programs

Beasley, J. D. and J. P. Wells. "Louisiana: Developing and managing a statewide family planning program." *Family Planning Perspectives* 3, no. 4 (October 1971): 68–79. 20-14

A total of 143 state family planning clinics, with an enrollment of approximately 77,000 women of whom 75 percent were currently up to date in their clinic appointments, were opened in the 64 parishes of Louisiana from June 1967 to June 1971. Identification of potential patients was made through interviews with postpartum women, vital records on file of women who had recently given birth, and women in the Aid to Families with Dependent Children program. The economic status criteria imposed by the Office of Economic Opportunity and the fact that the program, at first, did not serve never-married or never-pregnant women reduced the medically indigent segment of the population eligible for the program, estimated at 171,000 women, by at least 25 percent. The program is serving about half the black women estimated as medically indigent compared with about 11 percent of the estimated white women in need. The authors give as possible reasons for the difference that ". . . poor whites tend to resist the integrated medical service offered (more than half the program staff, including one-fifth of the professionals, are black), and they may have easier access to low-fee services from private physicians. A larger fraction of poor whites than blacks also are marginally above the official poverty line, and were not eligible for the program. . . ."

Kim, Taek Il, John A. Ross, and George C. Worth. *The Korean National Family Planning Program: Population Control and Fertility Decline.* New York: The Population Council, 1972. 240 pp. $4.50. 20-15

A treatment of the first nine years of the Korean government's efforts to reduce fertility. Chapters describe the demographic setting, historical development of organized birth control activities in the society, the administrative system used for the program, interlocking contributions of the private association, public education work, training programs, evaluation and research, and the network of mobile teams. A special chapter covers program performance, and another deals with future expectations.

The official effort began in Korea in 1962. Korea's experience through 1970 is set down

within the context of recent history and the ongoing population dynamics.

Kumar, Shri R. "Panchayat members and family planning." *The Journal of Family Welfare* 17, no. 4 (June 1971): 57–65. 20-16

A study was conducted in 24 villages in three community development blocks of Ludhiana, Punjab. A total of 85 village panchayat (council) men and women members were interviewed to determine their knowledge and practice of family planning. In India efforts are being made to involve village panchayats for the promotion of family planning, and this study is thus aimed at evaluating their potential effectiveness. All the panchayat members interviewed had heard of sterilization; 91.4 percent had heard of the loop, and 85.7 percent had heard of the condom. Acceptance of family planning by panchayat members was correlated with literacy, and 79.2 percent of the respondents were not using any family planning method. Findings of the study suggest that the involvement of panchayat members for the promotion of family planning should be preceded by educational and motivational programs.

Meier, Gitta. "Family and population planning." In *Encyclopedia of Social Work*, edited by Robert Morris, sixteenth issue, vol. 1, pp. 373–386. New York: National Association of Social Workers, 1971. 20-17

This critical overview of problems and progress in family planning in the United States is helpful as a quick introduction for social workers and other professionals. The services available under various auspices, and obstacles to program implementation, follow a discussion of alternative perspectives in family planning. Demographic, health, and social consequences are analyzed, and unresolved issues relating to risks of methods, nonconventional sexual behavior, abortion, and genocide are explored. New roles and responsibilities are established for social workers dealing with family planning.

Reynolds, Jack. "Evaluation of family planning program performance: A critical review." *Demography* 9, no. 1 (February 1972): 69–86. 20-18

Family planning program evaluation is not a well developed art, much less an exact science. The subject has received much attention but methods are still controversial and results inconclusive. Reasons are a wide variety of constraints, not all technical, and most not unique to family planning. Prospects for improvement depend, to a great extent, on overcoming these constraints. (Adapted from author's abstract.)

Service des Statistiques, Recherche & Evaluation. *Statistiques de Programme National: Post-Partum & Post-Abortum pour l'annee 1970.* Tunis: Ministere de la Sante Publique, 1971. 120 pp. 20-19

The Tunisian postpartum family planning program is implemented in 58 maternity centers. In 1970, 67,537 obstetrical admissions were treated in these centers. 20,856 patients received an appointment to the family planning clinic; only 3,905 patients went to the clinic where 3,845 accepted a family planning method. This represents a 5.7 percent acceptance ratio among the obstetrical cases. The distribution of contraceptive methods for the whole country in 1970 was IUD, 35 percent; pills, 23; condom, 20; jelly, 10; sterilization, 10; and other, 1. Data on postpartum acceptance of family planning are given by province, family planning clinic, month, and method. A comparison with results from 1969 shows an increase of 3 percent in number of appointments given but a decrease of 20 percent in number of acceptors. Mean number of children per patient receiving family planning clinic appointments was 4.1, and the patients' mean age was 30 years. The motivation program seems to be insufficient as the 58 centers are staffed by only 35 motivators.

Stoeckel, John and Patricia Mosena. "The impact of desired family size upon family planning practices in rural East Pakistan." *Journal of Marriage and the Family* 33, no. 3 (August 1971): 567–570. 20-20

An analysis of the relationship between desired family size and family planning practices was conducted on a probability sample of 1,600 currently married women from a rural area of East Pakistan. Results indicated that women whose desired family size is equal to or less than their actual family size have significantly greater frequencies practicing family planning than women whose desired family exceeds their actual. This relationship generally persisted while selected social and demographic factors were held constant. Thus, to reduce levels of reproduction through practice of family planning more attention must be given to the effects of family size norms and the factors related to these norms.

Stycos, J. M. *Ideology, Faith, and Family Planning in Latin America: Studies in Public and Private Opinion on Fertility Control.* A Population Council Book. New York: McGraw-Hill Book Company, 1971. 440 pp. $15.00. 20-21

During the past decade, the governments and peoples of Latin America have shown increasing awareness of family planning, both as a means of improving individual welfare and as a method of population control. This book examines the attitudes of Latin Americans, both among the elite and in the general public, towards family planning. Prepared by Dr. Stycos with the assistance of several of his students, it includes four sections: The Context of Public Opinion Formation; Public and Private Opinion of Elites; Private Opinions of the Public; and The Future of Family Planning.

Verghese, Shri I. "Tubectomy camps: A case study." *The Journal of Family Welfare* 17, no. 4 (June 1971): 75–86. 20-22

A study was made of tubectomy adopters in Tarikere in Mysore State, India, in November 1969. A total of 195 women were interviewed. Of those 85 percent came from rural areas, 71.8 percent were 26.3 years of age, and average number of children was 4.8. Women who had been married 14–17 years constituted the largest group. The majority of adopters were motivated to undergo the operation because they were "satisfied with the present number of children." The most effective motivating agents were paramedical staff. The women were asked why they, rather than their husbands, had undergone the sterilization operation, and the three most important reasons were: "He has to do hard work to earn"; "he is too old and weak to withstand any operation"; and "it is a difficult operation for men and I don't like him to suffer." Most of the women indicated that they wished to utilize the incentive money paid to them for improving their health, mainly by buying food and medicinal items.

Ward, A. "Why do family planning patients drop out?" *Journal of Biosocial Science* 3, no. 3 (July 1971): 301–308. 20-23

Sixty-seven percent of 165 Family Planning Association patients in Sheffield, England, had stopped attending the clinic after three years. Half the loss was accounted for by transfers, moves, and no further need for contraception. The dropout rate did not appear to be related to age, social class, or number of children. Of the three methods generally prescribed, the greatest attrition occurred among patients using the cap (diaphragm). Of the remaining group of lapsed patients, a substantial number consisted of those who "hated the cap." Other reasons frequently mentioned for discontinuing contraception were "just had not got around to coming back" and adverse effects of the pill.

Human Reproduction and Fertility Control

Adel, S. K., M. A. Ghoneim, and A. J. Sobrero. "Hysterography study of long-term effects of intrauterine devices." *Fertility and Sterility* 22, no. 10 (October 1971): 651–662. 20-24

Hysterography was performed on 254 women from two to six years after IUD insertion to investigate uterine size and shape as well as IUD orientation. Although most women reported only minor side effects, changes in the uterine cavity appeared in virtually all instances, but to a lesser degree when the IUD had been in place for longer periods. Women bearing distorted or laterally placed IUDs displayed a somewhat higher incidence of side effects. No definite correlation appeared between imbedding of the IUD tip into the endometrium and bleeding or pain. Tubal patency was established in 87 percent of the women studied.

Karkal, Malini. "Soonawala IUD-SIUD—experience of women in Bombay." *The Journal of Family Welfare* 17, no. 4 (June 1971): 27–37. 20-25

A study at four Bombay clinics of 579 women who had a total of 7,431 women-months of use of the Soonawala IUD. This type of IUD has not been used extensively in India but was accepted by a substantial number of women in Bombay. The mean age of the women was 25.9 years, which is low compared with other IUD acceptor studies, and mean number of living children per acceptor was 3.3. Net closures per 100 IUD acceptors, 12 months after insertion, were as follows: pregnancy, 3.9 percent; expulsions, 15.1 percent; removal for medical and personal reasons, 12.1 percent. In conclusion, compared with other reported studies, the removal rate was relatively low whereas the expulsion rate seems to be higher and pregnancy rate somewhat higher. These findings must be viewed in the context that the acceptors of the Soonawala IUD were considerably younger and were of lower parity, that is, belonging to groups that are expected to have higher event rates as reported by studies that had large samples.

Kutner, S. J., N. R. Philips, and E. J. Hoag. "Oral contraceptives, personality, and changes in depression." *Contraception* 4, no. 5 (November 1971): 327–336. 20-26

The Minnesota Multiphasic Personality Inventory was employed in two studies to investigate a possible relation between oral contraceptives and feelings of depression. First, 32 women who had never taken oral contraceptives were compared with 32 women about to begin using the pill. The two groups were found to have similar depression scores, suggesting that women who chose the pill were not predisposed toward depression. Another group of 49 women was tested before taking the pill and three months after use. Their mean depression scores did not change significantly, but there was a definite decrease in premenstrual moodiness and irritability after taking the pill.

Liu, Peng-Tu, Lien-Ping Chow, and Helen Abbey. "A study on IUD retention by curve-fitting." *Demography* 9, no. 1 (February 1972): 1–11. 20-27

To estimate the demographic impact of an IUD, we need to estimate retention rates beyond the period of actual observation. A mixed exponential function for this purpose fits actual observation rather well. Based on Taiwan IUD experience, the function for retention at time t is:

$$R(t) = 0.18 \exp(-r_1 t) + 0.82 \exp(-r_2 t)$$

with values of $r_1 = 0.32$ and $r_2 = 0.027$. About 0.25 and 0.01 for r_1 and r_2 respectively may be close to the empirical situation. With this function of IUD retention, one can estimate life expectancy, half-life, and cutoff date (no IUD will be worn forever). (Adapted from authors' abstract.)

Melton, R. J. and J. D. Shelton. "Pill versus IUD: Continuation rates of oral contraceptive and Dalkon Shield users in Maryland clinics." *Contraception* 4, no. 10 (November 1971): 319–326. 20-28

A group of 181 women using the Dalkon Shield was matched by age, race, and parity with the same number taking oral contraceptives. During the 12-month study the accidental pregnancy rate for the IUD group was 2.2 percent compared to 7.7 for the pill users; continuation rates for the IUD and the pill were 70 and 55 percent respectively, a significant difference. The authors suggest two reasons for the different continuation rates: women desiring protection against pregnancy for a short time would be more inclined to select oral contraceptives, and taking the pill every day is inconvenient and a nuisance.

Newman, S. H., M. B. Beck, and S. Lewit. *Abortion, Obtained and Denied: Research Approaches.* New York: The Population Council, 1971. 208 pp. $4.50. 20-29

This volume contains the formal papers presented at a workshop held in Bethesda, Maryland, in December 1969. The papers fall into the broad categories of mortality and morbidity associated with abortion, mental health and related considerations, abortion and family planning, and socioeconomic aspects of abortion. Summaries of the discussions and a list of the major research proposals are also included.

Ostergard, D. R. and E. M. Broen. "The Dalkon Shield: A clinical evaluation." *Contraception* 4, no. 10 (November 1971): 313–317. 20-30

Dalkon Shields were accepted by 348 women who had had no children and 978 who had had some. In most women duration of menstrual flow increased, but usually it returned to normal after two cycles. Pregnancy and expulsion rates were each 1 percent and, when coupled with a removal rate of 9.7 percent, resulted in an 88.2 percent continuation rate for the nine months. These rates compared favorably with findings for four other IUDs in a similar period.

Toppozada, M., M. Bygdeman, and N. Wiqvist. "Induction of abortion by intra-amniotic administration of prostaglandin $F_{2\text{-alpha}}$." *Contraception* 4, no. 5 (November 1971): 293–303. 20-31

Prostaglandin $F_{2\text{-alpha}}$ was administered intra-amniotically to 37 women during the second trimester of pregnancy in dosages of five to 25 mg. Abortion was complete in 16 cases, incomplete in 17, and failed in four. Frequency and intensity of uterine contractions were recorded. Higher prostaglandin dosages led to more successful abortions, but they also markedly increased diarrhea and vomiting. The authors postulate that the injected prostaglandin slowly diffuses through the amnion and then acts directly upon the myometrium.

Population Policy

Singer, S. Fred, ed. *Is There an Optimum Level of Population?* A Population Council Book. New York: McGraw-Hill Book Company, 1971. 440 pp. $12.50. 20-32

An outgrowth of an AAAS symposium organized by Singer while he was Deputy Assistant Secretary of the Interior. Contributors include physical and biological scientists, engineers, economists, sociologists, psychologists, philosophers, and demographers. The articles examine how the physical limitations of the earth and its resources relate to population size, and how population levels affect various factors relating to the quality of life.

Smith, Robert S., Frank T. De Vyver, and William R. Allen, compilers. *Population Economics: Selected Essays of Joseph J. Spengler.* Durham, N. C.: Duke University Press, 1972. 536 pp. $17.50. 20-33

A collection of 17 essays on population, divided into three parts, written during the past four decades by the noted economist at Duke University, Joseph J. Spengler. In part one, Spengler discusses the history of population theory in separate articles on Malthus, Pareto, and Marshall. Part two is an examination of the distinct theoretical motifs that an economist must consider in formulating any population theory. In part three, parts one and two are brought into focus as Spengler reflects on the population and economic climates of developing nations. Spengler points out that the framing of an accurate population theory would contribute markedly to the amelioration of socioeconomic crises.

Viederman, Stephen, ed. "Population Education." *Social Education* 36, no. 4 (April 1972): pp. 1–466. 20-34

This special issue of the journal of the National Council for the Social Studies is devoted almost exclusively to population education in the schools. Included are excerpts from Viederman's report to the Population Commission defining population education and indicating its status in the United States; articles by Byron Massialas exploring ways to present materials in the classroom; by Nancy Russo on the psychological readiness of students to study population; by Robert Veatch on ethics and population education; and by Sheri Naditch and J. M. Stycos.

General

APA Task Force on Psychology, Family Planning, and Population Policy. "Population and family planning: Growing involvement of psychologists." *The American Psychologist* 27, no. 1 (January 1972): 27–30. 20-35

"Recognizing the responsibility of psychologists in an area of growing social concern, the APA Council of Representatives established a Task Force on Psychology, Family Planning, and Population Policy in October 1969. The Task Force was charged with preparing a review of psychological activities related to population and with making recommendations to stimulate the participation of psychologists in research, training, and professional services in this area. This report is to inform psychologists of the activities and future plans of the Task Force, to cite types of population-related activities engaged in by psychologists, to encourage psychologists to enter the population field, and to invite colleagues to maintain communication with the Task Force." (Author's abstract.)

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245 Park Avenue, New York, New York 10017

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